EXHIBIT B



March 1, 2013

VIA POSTAL SERVICE ONLY

Clerk of the Board of Supervisors ATTN: CLAIMS DIVISION 4080 Lemon Street, 1st Floor Riverside, CA 92502-1628

RE:

Williams v. Riverside County Sheriff's Dept.

Claims Division,

Please find attached a Claim for Damages to Person or Property form, from Valerie Williams on behalf of Anthony Lawson, and signed by her attorney Randy H. McMurray, Esq.

If you have any questions or concerns, please feel free to contact our office. Thank you.

Sincerely,

THE COCHRAN LAW GROUP, LLP

ANDRE I. ARZOO, LEGAL ASSISTANT

COUNTY OF RIVERSIDE

CLAIM FOR DAMAGES TO PERSON OR PROPERTY

			OFFICE USE ONLY
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	UCTIONS:		
/=/. A.V M. \ \ \	ead claim thoroughly.		
U 33 12 10 10 m 2. FII	l out claim as indicated; attach addition		
3. This office needs the <u>original</u> completed c			s
10.	f attachments (If any) if originals are not available,		
4. Th	nis claim form <i>must</i> be signed.		
	K OF THE BOARD OF SUPERVISO	DRS	
P.O. E	: CLAIMS DIVISION BOX 1628, 4080 LEMON ST, 1 st	FL,	
RIVER	RSIDE, CA. 92502-1628 (951) 95	55-1060	TIME STAMP HERE
1. FULL NAME OF CLAIMANT	- A IA I	8. WHY DO YOU CLAIM THE COUNTY IS R	
Valevie Williams 2. MAILING ADDRESS (STREET/P O BOX)	680 Anthony Lawson	•	result of injuries sustained
5670 Wilshire Blu	d., Ste 1450	by officers from River	side County Sheaiff's
CITY STATE	ZIP CODE		
hos Angeles CA	90036 BUSINESS TELEPHONE	Department 9. NAMES OF ANY COUNTY EMPLOYEES (AND THEIR DEPARTMENTS) INVOLVED IN
HOME TELEPHONE	(323) 931-6200	INJURY OR DAMAGE (IF APPLICABLE).	,
() 3. WHEN DID DAMAGE OR INJURY OCCUR (PI	LEASE BE EXACT)	NAME:	DEPARTMENT: RIVERS LOUNTY SHEVIFF'S
19 21 2012 4. WHERE DID DAMAGE OR INJURY OCCUR?		unknown officers	Department:
	Laller Augus	NAME:	DEPARTMENT:
THUO block of Citrus 1	STATE ZIP CODE	10. WITNESSESS TO DAMAGE OR INJURY	: LIST ALL PERSONS AND ADDRESSES OF
CATUS Valley Ave. Corone 5, DESCRIBE IN DETAIL HOW DAMAGE OR INJ		PERSONS KNOWN TO HAVE INFORMATIO	N:
5. DESCRIBE IN DETAIL HOW DAMAGE OR INJ	URY OCCURRED:	NAME	PHONE /823 62 1 4/20 0
Decedent was violently	y hog tied and terred	ADDRESS Williams	(323) 931-6200
by officers of the Rwer		5670 Witshire Blud,	, suite 1450 Confect alternay
•	, , , , , , , , , , , , , , , , , , ,	NAME	PHONE
Department. Douadant	suffered festal	ADDRESS	
	ion and expired at	Montead	
•	•	NAME	PHONE
the scene of the in	cident.	1000500	L
U		ADDRESS	
	And the state of t	11. LIST DAMAGES INCURRED TO DATE ((attach copies of receipts or repair estimates)
	^		4 7 ===
6, WERE POLICE OR PARAMEDICS CALLED? YES \(\square\) NO		unknown, but ex	cuels \$ 25,000.
7. IF PHYSICIAN/HOSPITAL WAS VISITED DUE AND HOSPITAL'S NAME, ADDRESS AND PHON	YE NUMBER:		
DATE OF FIRST VISIT	PHYSICIAN'S/HOSPITAL'S NAME		
PHYSICIAN'S/HOSPITAL'S ADDRESS	Kaiser Permandenenta		
Kaiser Permanente	1 1101161		AL ESTIMATED PROSPECTIVE DAMAGES
2295 S. Vineyard Ave.		44444	inknown, but exceeds
A	(90) 988- 0379	\$ 25,000 \$ 2	25,000
ontario, CA 91761			

WARNING:

THIS CLAIM MUST BE SIGNED TO BE VALID.

> CLAIMS FOR DEATH, INJURY TO PERSON OR TO PERSONAL PROPERTY MUST BE FILED NOT LATER THAN SIX (6) MONTHS AFTER THE OCCURRENCE. (GOVERNMENT CODE SECTION 911.2)

NOTE: PRESENTATION OF A FALSE CLAIM IS A FELONY (PENAL CODE SECTION 72.)

- > ALL OTHER CLAIMS FOR DAMAGES MUST BE FILED NOT LATER THAN ONE (1) YEAR AFTER THE OCCURRENCE. (GOVERNMENT CODE SECTION 911.2)
- > SUBJECT TO CERTAIN EXCEPTIONS. YOU HAVE ONLY SIX (6) MONTHS FROM THE DATE OF THE WRITTEN NOTICE OF REJECTION OF YOUR CLAIM TO FILE A COURT ACTION. (GOVERNMENT CODE SECTION 945.6)
- > IF WRITTEN NOTICE OF REJECTION OF YOUR CLAIM IS NOT GIVEN, YOU HAVE TWO (2) YEARS FROM ACCRUAL OF THE CAUSE OF ACTION TO FILE A COURT ACTION. (GOVERNMENT CODE SECTION 945.6)

\sim			· · · · · · · · · · · · · · · · · · ·		
12 CLAIMANT OF	R PERSON FILING ON HIS/HER BEHA	LF	13, PRINT OR TYPE NA	AME	DATE
Tares	1 (.11)	Attornaeu	Randy H	1. Mc Murray	
SIGNATURE /		RELATIONSHIP TO CLAIMANT			
SIGNATURE		MERVIOUSIN 16 OFUMAIN			l .

REVISED: 6/26/2008

COUNTY OF RIVERSIDE

CLAIM FOR DAMAGES TO PERSON OR PROPERTY

OF RIVA INSTRU			OFFICE USE ONLY
X XX	CTIONS:		
1. Read claim thoroughly.			.
O k man 2 m 2. Fill	2. Fill out claim as indicated; attach additional information if necessary.		
() 3. Thi	s office needs the <u>original</u> completed		
of a	attachments (if any) if originals are not		
11/4 V 9, 1893 4. Thi	is claim form <i>must</i> be signed.		
DELIVER OR U.S. MAIL TO: CLERK	OF THE BOARD OF SUPERVISO	ORS.	
ATTN:	CLAIMS DIVISION OX 1628, 4080 LEMON ST, 1 ST	EI	
RIVER	SIDE, CA. 92502-1628 (951) 95	55-1060	TIME OTAMO LIEDE
1, FULL NAME OF CLAIMANT		8, WHY DO YOU CLAIM THE COUNTY IS RE	TIME STAMP HERE SPONSIBLE?
	580 Anthony Lowson	Decedent expired as a r	esult a injuries sustained
Valoria williams (2. MAILING ADDRESS (STREET/POBOX)		'	V
5670 Wilshire Blue	1., Ste 1450	by officers from Rivers	ide County Shewiff's
CITY STATE	ZIP CODE	'	q
Los Angeles CA	90036 BUSINESS TELEPHONE	DEPAY TWENT 9, NAMES OF ANY COUNTY EMPLOYEES (AI INJURY OR DAMAGE (IF APPLICABLE).	UD THEIR DEPARTMENTS) INIVOLVED IN
HOME TELEPHONE	(323) 931-6200	INJURY OR DAMAGE (IF APPLICABLE).	AD THEIR DEPARTMENTS) HAVOLVED NA
WHEN DID DAMAGE OR INJURY OCCUR (PLU)	EASE BE EXACT)	NAME:	DEPARTMENT: Klubod ide Loundy Sheviff's
	·	unknown officers	Kiverelle Loundy Sheriff's
4. WHERE DID DAMAGE OR INJURY OCCUR?		NAME:	DEPARTMENT:
FHOO WORK & CHUS V	ralley Avenue		
		10, WITNESSESS TO DAMAGE OR INJURY; L PERSONS KNOWN TO HAVE INFORMATION	IST ALL PERSONS AND ADDRESSES OF
CATUS VAlley Ave. Corons 5. DESCRIBE IN DETAIL HOW DAMAGE OR INJU	<u>CA 92860</u>	NAME	PHONE
			(323) 931-4200
Decedent was violently	noy hed and texas	Velevic Williams	147 40 -
by officers of the Ruler	side County Sheriff's	Slato Witchine Blud,	suit 1450 Contest atterney
•	•	NAME	PHONE
Department. Doubland	listed benefitive		
		ADDRESS	
injuries to his pars	on and expired at	NAME	PHONE
the ocene of the inc	b (b	MANIE	THOME
the Scene of the inc	i i armi	ADDRESS	
		11. LIST DAMAGES INCURRED TO DATE (at	lach copies of receipls or repair estimates)
	Δ		1 4 5 6 6 6
6, WERE POLICE OR PARAMEDICS CALLED?	YES NO	unknown, but exc	achs \$ 25,000.
		·	
7. IF PHYSICIAN/HOSPITAL WAS VISITED DUE T AND HOSPITAL'S NAME, ADDRESS AND PHONE	TO INJURY, INCLUDE DATE OF FIRST VISIT E NUMBER:		
DATE OF FIRST VISIT	PHYSICIAN'S/HOSPITAL'S NAME		
10-21-12	Keiser Permandenenta		
PHYSICIAN'S/HOSPITAL'S ADDRESS	PHONE:	TOTAL DAMAGES TO DATE TOTAL	ESTIMATED PROSPECTIVE DAMAGES
Kaiser Primanente			luiown, but arcoads
2295 S. Vineyard Ave.			5,000
Ste. A Ontario, CA 91761	1991 988- 0379	S 69 1000 \$ 65	1000

WARNING:

THIS CLAIM MUST BE SIGNED TO BE VALID.

> CLAIMS FOR DEATH, INJURY TO PERSON OR TO PERSONAL PROPERTY MUST BE FILED NOT LATER THAN SIX (6) MONTHS AFTER THE OCCURRENCE, (GOVERNMENT CODE SECTION 911.2)

NOTE: PRESENTATION OF A FALSE CLAIM IS A FELONY (PENAL CODE SECTION 72.)

- > ALL OTHER CLAIMS FOR DAMAGES MUST BE FILED NOT LATER THAN ONE (1) YEAR AFTER THE OCCURRENCE. (GOVERNMENT CODE SECTION 911.2)
- > SUBJECT TO CERTAIN EXCEPTIONS. YOU HAVE ONLY SIX (6) MONTHS FROM THE DATE OF THE WRITTEN NOTICE OF REJECTION OF YOUR CLAIM TO FILE A COURT ACTION. (GOVERNMENT CODE SECTION 945.6)
- > IF WRITTEN NOTICE OF REJECTION OF YOUR CLAIM IS NOT GIVEN, YOU HAVE TWO (2) YEARS FROM ACCRUAL OF THE CAUSE OF ACTION TO FILE A COURT ACTION. (GOVERNMENT CODE SECTION 945,6)

12, QLAIMANT OR PERSON FILING ON HIS/HER BEH/	NLF	13. PRINT OR TYPE NAME	DATE
Jane W. M. J.	M. Idaa aa aa	Rand. H. Mc Murray	
100 Monay	FITTO MALLA_	& Kandy H. M. Murray	
SIGNATURE	RELATIONSHIP TO CLAIMANT	9	

REVISED; 6/26/2008

COUNTY OF RIVERSIDE

CLAIM FOR DAMAGES TO PERSON OR PROPERTY

				OFFICE USE ONLY
TY OF RIVER INSTRU	ICTIONS:			
1 197 VOC * 37 757	ad claim thoroughly.	and the con-		
[0] (2) Fill	out claim as indicated; attach addition			
	Is office needs the <u>original</u> completed		copies	•
of	attachments (if any) if originals are no	t available.		
4. Th	is claim form <i>must</i> be signed.		ļ	
	(OF THE BOARD OF SUPERVISO CLAIMS DIVISION	ORS		
P.O. B	3OX 1628. 4080 LEMON ST, 1 ST	FL.	•	
	RSIDE, CA. 92502-1628 (951) 95	8, WHY DO YOU CLAIM THE COUNT		TAMP HERE
1. FULL NAME OF CLAIMANT	000 0 10 1000			initiaties suchind
2, MAILING ADDRESS (STREET/POBOX)	680 Anthony Lowson		9	
5670 Wilshire Blu	1. Ste 1450	by officers from R	iverside C	eunly Shediff's
CITY STATE	90036	Department		
HOS ANGELIS CHI	BUSINESS TELEPHONE	Department 9. NAMES OF ANY COUNTY EMPLO' INJURY OR DAMAGE (IF APPLICABL	YEES (AND THEIR DEF .E).	ARTMENTS) INVOLVED IN
() 3, WHEN DID DAMAGE OR INJURY OCCUR (PL	1323, 931-6200	NAME:	•	ENT:
	EASE BE EXACT)	unknown officers	Rivere	ent: Le County Sheviff's Leouvingly ent:
1 2 2 20 2 4. WHERE DID DAMAGE OR INJURY OCCUR?		NAME:	DEPARTM	ENT:
7400 block of Citrus 1	state Avenue ZIP CODE	10. WITNESSESS TO DAMAGE OR I	NUMBER ALL DEDS	SOMS AND ADDRESSES OF
		PERSONS KNOWN TO HAVE INFOR	MATION:	ONO IND INDIVIDUES OF
CAVUS Veilley Ave. Corone 5. DESCRIBE IN DETAIL HOW DAMAGE OR INJ	URY OCCURRED:	NAME	<u>u.</u>	PHONE
Decedent was violently	n how hed and terred	Valerie William	<u>s</u>	(323) 931-6200
		Address Sla70 Wilshim B	int sale to	450 Looket alterney
by officers of the Rober	side County Sheriff's	NAME WITHOUT IS	1000 3016 1	PHONE
Department. Doublant	suffered fetal			
		ADDRESS		
injuries to his pers	ion and expired at	NAME		PHONE
the Scene of the in	cident.			
The states of the	4 (84/4)1	ADDRESS		
		11. LIST DAMAGES INCURRED TO	DATE (attach copies of	recelpls or repair estimates)
	_		•	400
6. WERE POLICE OR PARAMEDICS CALLED?	BYYES □ NO	tad previously	en rag as	\$ 25,000.
7. IF PHYSICIAN/HOSPITAL WAS VISITED DUE AND HOSPITAL'S NAME, ADDRESS AND PHON	IE NUMBER:			
DATE OF FIRST VISIT	PHYSICIAN'S/HOSPITAL'S NAME			
10=21=12 PHYSICIAN'S/HOSPITAL'S ADDRESS	Keiser Permantenente			
Raisey Review on &		TOTAL DAMAGES TO DATE		PROSPECTIVE DAMAGES
2295 S. Vineyard Ave.		unhadan but exceeds 25,000		but exceeds
and A	(Bab) 900 - 40 30	\$ 25,000	\$ 25,000	

WARNING:

Comming CA 91761

THIS CLAIM MUST BE SIGNED TO BE VALID.

ske. A

CLAIMS FOR DEATH, INJURY TO PERSON OR TO PERSONAL PROPERTY MUST BE FILED NOT LATER THAN SIX (6) MONTHS AFTER THE OCCURRENCE. (GOVERNMENT CODE SECTION 911.2)

(901) 988-0379

NOTE: PRESENTATION OF A FALSE CLAIM IS A FELONY (PENAL CODE SECTION 72.)

- ALL OTHER CLAIMS FOR DAMAGES MUST BE FILED NOT LATER THAN ONE (1) YEAR AFTER THE OCCURRENCE, (GOVERNMENT CODE SECTION ×
- SUBJECT TO CERTAIN EXCEPTIONS. YOU HAVE ONLY SIX (6) MONTHS FROM THE DATE OF THE WRITTEN NOTICE OF REJECTION OF YOUR CLAIM TO FILE A COURT ACTION. (GOVERNMENT CODE SECTION 945.6)
- IF WRITTEN NOTICE OF REJECTION OF YOUR CLAIM IS NOT GIVEN, YOU HAVE TWO (2) YEARS FROM ACCRUAL OF THE CAUSE OF ACTION TO FILE A COURT ACTION. (GOVERNMENT CODE SECTION 945.6)

12, CLAIMANT OR PERSON FILING ON HIS/HER BEHALF	13, PRINT OR TYPE NAME	DATE
Com MM Attorney	Randy H. Mc Murray	
SIGNATURE RELATIONSHIP TO CAIMANT	J	REVISED; 6/26/2008